



APPLICATION FOR NEW OR TRANSFER PERMIT

State Form (TBA)

INSTRUCTIONS: 1. *Type or print legibly.*

2. *Submit in duplicate. Include payment.*

3. *Do not complete shaded areas.*

4. *Mail to the address at the end of this application form.*

5. *If there is no opening for this applied permit or there is an omission, this application will be returned.*

STEP 1. GENERAL INFORMATION

This Permit Type will allow you to sell? <input type="checkbox"/> Beer <input type="checkbox"/> Wine <input type="checkbox"/> Liquor	This Permit Type is for? <input type="checkbox"/> On-premise consumption (Retailer) <input type="checkbox"/> On-premise consumption - Sunday sales (Retailer) <input type="checkbox"/> Off-premise consumption (Dealer)	Application type? <input type="checkbox"/> New application <input type="checkbox"/> Transfer owner <input type="checkbox"/> Transfer location <input type="checkbox"/> Transfer stock
Please briefly describe your business that qualifies you for this permit type		Permit number (Required for transfers)
This ownership entity is: (Check one) <input type="checkbox"/> Sole Owner <input type="checkbox"/> Simple Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Municipality <input type="checkbox"/> Club Association <input type="checkbox"/> Club Corporation		
Business entity making this application		Business telephone number
Doing business as (DBA)		
Location where alcoholic beverages will be dispensed (number and street)		Premise telephone number
City / Town	State	ZIP code
Indiana retail merchant's certificate number	Home telephone number (including area code)	Email address

General Questions Part 1

1. The proposed premise is located in what county? _____
2. Is the proposed permit premise located inside the corporate limits of a city / town? ☐ Yes ☐ No
3. If yes, please name the incorporated city / town. _____
4. If no, please name the unincorporated community which has been known by that name for more than ten years. (This is only required for a beer or a beer and wine application.) _____
5. Is there at least 200 feet between this premise and any church or school? ☐ Yes ☐ No

If no mail receptacle at this location or you wish to have your correspondence sent to another address:

Name _____
Address _____
City, State, Zip _____

General Questions Part 2

1. Do you understand that you must apply for a Federal ID number? ☐ Yes ☐ No
2. Do you understand that you must apply for a Federal Stamp from the Bureau of Alcohol, Tobacco, and Firearms (BATF)? ☐ Yes ☐ No
3. Does the permittee have an interest in any distiller, vintner, farm winery, rectifier, brewer, primary source of supply, or wholesaler permit? ☐ Yes ☐ No
4. As owner do you manage the premise? ☐ Yes ☐ No
If no, please complete the Manager's Questionnaire and attach it to this application.
5. Do you sell tobacco products? ☐ Yes ☐ No
6. Do you know that an Excise Officer may enter, inspect, and search your permit premise without a warrant or other process to determine if you are complying with the provisions of the Indiana alcoholic beverage laws / rules? ☐ Yes ☐ No
7. Do you have the right to possess (rent, lease, mortgage, or own) the permit premise for the term of the permit? ☐ Yes ☐ No

FOR OFFICE USE ONLY

Date received
Permit number
Permit type
Quota check
Jurisdiction
Checked by
Base fee receipt number
Balance due
Refund
Sunday sales receipt number
Balance due
Refund
Catering receipt number
Date reviewed
Local Board hearing date
Commission approved
Permit issued
Expiration date
Permit released
Remarks

STEP 2. SUNDAY SALES / ANNUAL FOOD SALES****FOR EXISTING BUSINESSES ONLY****

Required for the following permits: Sunday Sales permits, unless you elect the option of paying a \$1,500 annual fee; Type 209 (except golf courses); All retail permits with less than 60% ownership by Indiana residents; Retail permits with limited bar / family room separation and / or early Sunday sales.

Date of beginning report (month, day, year)		Date of ending report (month, day, year)
Gross food sales (excluding all carryout and catering sales)	Gross alcoholic beverage sales	Total gross food and beverage sales

STEP 3. QUALIFICATIONS**SOLE OWNER / PARTNERSHIP PERMIT:**

If applying as a sole owner or partnership for any type of permit, answer the following questions:

☐ Yes ☐ No Are you now and have you been a continuous and bona fide resident of this state for five (5) years?

CORPORATION PERMIT: (PLEASE ATTACH COPY OF "CERTIFICATE OF EXISTENCE" FROM THE INDIANA SECRETARY OF STATE)

If applying as a corporation for any type permit, answer the following questions:

☐ Yes ☐ No Is at least 60% of the outstanding common stock owned by persons who have been continuous and bona fide residents of this State for five (5) years? (For exceptions, see IC 7.1-3-21-6.)

☐ Yes ☐ No If you are a corporate wholesaler, is at least one (1) of the stockholders a resident of the county in which the licensed premise is situated for at least one (1) year immediately prior to making application for the permit?

☐ Yes ☐ No Is the applicant a retailer corporation with 41% or more of the common stock held by out of state stockholders? (If the answer is yes, you must agree to and initial below.)

_____ I hereby affirm that the annual gross food sales at the permit location currently exceed One Hundred Thousand Dollars (\$100,000) or in the case of a new applicant are expected to exceed Two Hundred Thousand Dollars (\$200,000) by the end of the two year period commencing on the date of issuance of the permit will, thereafter, exceed One Hundred Thousand Dollars (\$100,000) per annum.

LLC / LLP PERMIT: (PLEASE ATTACH COPY OF "CERTIFICATE OF EXISTENCE" FROM THE INDIANA SECRETARY OF STATE)

If applying as a limited partnership, limited liability company, or limited liability partnership for any type permit, answer the following questions:

☐ Yes ☐ No Is at least 60% of the ownership interest held by persons who have been continuous and bona fide residents of this State for five (5) years? (For exceptions, see IC 7.1-3-21-6.)

If a limited partnership, limited liability company, or limited liability partnership wholesaler, at least one (1) of the stockholders must have been a resident of the county in which the licensed premise is situated for at least one (1) year immediately prior to making application for the permit.

☐ Yes ☐ No Is the applicant a retailer limited partnership, limited liability company or limited liability partnership applying with 41% or more of the ownership interest held by out of state residents? (If the answer is yes, you must agree to and initial the statement below.)

_____ I hereby affirm that the annual gross food sales at the permit location currently exceed One Hundred Thousand Dollars (\$100,000) or in the case the case must have of a new applicant are expected to exceed Two Hundred Thousand Dollars (\$200,000) by the end of the two year period commencing on the date of issuance of the permit will, thereafter, exceed One Hundred Thousand Dollars (\$100,000) per annum.

THE FOLLOWING QUESTIONS PERTAIN TO ALL INDIVIDUALS HAVING AN INTEREST IN THIS APPLICATION.

☐ Yes ☐ No Have any individuals with an interest in this permit been convicted of a felony or a misdemeanor? (If yes, please attach letter with dates, court, conviction, and sentence of new conviction.)

☐ Yes ☐ No Have any individuals with an interest in this application ever been convicted of a violation of the Indiana Alcoholic Beverage laws, rules, regulations, or orders of the Commission?

☐ Yes ☐ No Are all individuals with an interest in this application citizens of the United States?

☐ Yes ☐ No Are all individuals with an interest in this application of sound mind, good moral character, and good repute in the community in which they reside?

☐ Yes ☐ No Are any individuals with an interest in this application a law enforcement officer, or an officer of a municipal corporation, or government subdivision, or of this state charged with any duty or function in the enforcement of this title?

☐ Yes ☐ No Have any individuals with an interest in this application held a permit under this title and has the permit been revoked within one year prior to the date of this application?

☐ Yes ☐ No Have any individuals with an interest in this application made an application for a permit of any type which has been denied less than one year prior to this application for a permit? (unless the application was denied by reason of a procedural or technical defect.)

☐ Yes ☐ No Do any individuals with an interest in this application hold any other permit of any kind connected with the sale of alcoholic beverages, or do they have any interest in any such permit directly or indirectly, through ownership of stock or otherwise? If yes, list permit numbers below:

Permit numbers

☐ Yes ☐ No Are you indebted to a person or an officer or agent of that person, who holds a brewer's permit or wholesale permit, for a debt, secured by a lien, mortgage, or otherwise upon the premises for which the beer retailers permit is to be applicable or upon any of the property or fixtures in the premises, or used, or to be used in connection with the premises?

STEP 4. AFFIDAVIT OF OWNERSHIP			
Complete Name	Social Security Number	DOB	Citizen of US <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (number and street, city, state, ZIP)			
Nature of interest <input type="checkbox"/> Sole Owner <input type="checkbox"/> Corporate President <input type="checkbox"/> Stockholder <input type="checkbox"/> Partner <input type="checkbox"/> Corporate Secretary <input type="checkbox"/> Club Officer			Percent of ownership
Complete Name	Social Security Number	DOB	Citizen of US <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (number and street, city, state, ZIP)			
Nature of interest <input type="checkbox"/> Sole Owner <input type="checkbox"/> Corporate President <input type="checkbox"/> Stockholder <input type="checkbox"/> Partner <input type="checkbox"/> Corporate Secretary <input type="checkbox"/> Club Officer			Percent of ownership
Complete Name	Social Security Number	DOB	Citizen of US <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (number and street, city, state, ZIP)			
Nature of interest <input type="checkbox"/> Sole Owner <input type="checkbox"/> Corporate President <input type="checkbox"/> Stockholder <input type="checkbox"/> Partner <input type="checkbox"/> Corporate Secretary <input type="checkbox"/> Club Officer			Percent of ownership
Complete Name	Social Security Number	DOB	Citizen of US <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (number and street, city, state, ZIP)			
Nature of interest <input type="checkbox"/> Sole Owner <input type="checkbox"/> Corporate President <input type="checkbox"/> Stockholder <input type="checkbox"/> Partner <input type="checkbox"/> Corporate Secretary <input type="checkbox"/> Club Officer			Percent of ownership

If you need more space, please attach additional sheets.

STEP 5. PERMIT TYPE SPECIFIC QUESTIONS	
You must meet specific requirements to hold certain types of permits. Please answer only the following questions that are applicable to your permit application.	
LIQUOR RETAILER <input type="checkbox"/> Yes <input type="checkbox"/> No Is the proposed permit premise located in an incorporated city having a population of less than 5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No If the answer is yes, have you attached to the application the enabling ordinance from the city consenting to the issuance of liquor retailer's permits?	
CATERING HALL <input type="checkbox"/> Yes <input type="checkbox"/> No Are you applying for a special three-way catering hall permit that will allow you to sell alcoholic beverages for on-premise consumption only on a premise that is used only for private catered events and has accommodations for at least 250 individuals?	
CLUBS <input type="checkbox"/> Social Club <input type="checkbox"/> Fraternal Club If you are applying for a club permit, please check the appropriate box. <input type="checkbox"/> Yes <input type="checkbox"/> No If a social club, does your association or organization meet the general requirements of IC 7.1-3-20-1? <input type="checkbox"/> Yes <input type="checkbox"/> No If your club permit premise is outside the corporate limits, do you meet the requirements of IC 7.1-3-20-3?	
HOTEL <input type="checkbox"/> Yes <input type="checkbox"/> No If you are applying as a hotel, do you meet the general requirements of IC 7.1-3-20-18?	
HISTORIC DISTRICT <input type="checkbox"/> Yes <input type="checkbox"/> No If you are applying for historic district permit, is the restaurant located in a facility that is on the National Register of Historic Places or is it located within the boundaries of a historic district established by ordinance? If yes, you must submit the appropriate verification.	
AIRPORT, REDEVELOPMENT, RIVERFRONT, RAILWAY STATION, CULTURAL CENTER <input type="checkbox"/> Yes <input type="checkbox"/> No If you are applying for a permit authorized by IC 7.1-3-20-16, do you meet the requirements for the designated permit? Specify the type of permit you are applying for: _____.	
NOTE: If you are applying for a municipal riverfront development permit, you must also submit a letter indicating that the statutory requirements have been met and the mayor's approval of the permit.	

STEP 5. PERMIT TYPE SPECIFIC QUESTIONS CONTINUED**DRUG STORE**

☐ Yes ☐ No If you are the proprietor of a drug store, do you hold a valid permit issued by the State Board of Pharmacy?

NOTE: You must designate on your floor plan the pharmacy area that has been submitted and approved by the State Board of Pharmacy.

Pharmacy Permit Number	Issuance Date	Expiration Date
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RIVERBOAT

☐ Yes ☐ No Are you applying for a riverboat / excursion permit and do you currently hold a valid riverboat owner's license issued by the Indiana Gaming Commission?

Riverboat Owner's License Number	Issuance Date	Expiration Date
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☐ Yes ☐ No Are you applying for an adjacent landsite permit?

HORSE TRACK

☐ Yes ☐ No Are you applying for a horse track permit and do you currently hold a valid recognized meeting permit issued by the Indiana Gaming Commission?

Recognized Meeting Permit Number	Issuance Date	Expiration Date
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☐ Yes ☐ No Are you applying for a satellite permit?

Satellite Facility License	Issuance Date	Expiration Date
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BOAT (SEASONAL)

☐ Yes ☐ No If you are applying for a boat permit, do you engage in regular passenger service which makes regular runs in seasonal weather between established locations?

BEER WHOLESALER

☐ Yes ☐ No Do you have available for investment capital and cash or property necessary and useful in your business, exclusively as a beer wholesaler, of at least \$15,000 (exclusive of motor vehicles), and do you agree that you will, if the application is granted, actually make the investment and submit proof to the Commission before you engage in business as a beer wholesaler?

BREWER

☐ Yes ☐ No I certify that the projected number of barrels of beer to be manufactured during the permit year will not exceed 20,000 barrels. (A barrel equals 31 gallons.) (*Small Brewer*)

☐ Yes ☐ No I certify that the projected number of barrels of beer to be manufactured during the permit year will exceed 20,000 barrels. (A barrel equals 31 gallons.) (*Brewer*)

WINERY

Check if you qualify and are applying for one of the following permits:

☐ Vintner (IC 7.1-3-12-1)

☐ Farm Winery (IC 7.1-3-12-3)

☐ Farm Winery Brandy Distiller (IC 7.1-3-7.5-2)

BOND REQUIREMENTS

The following applicants are required to file with this application the appropriate non-revocable surety bond, made payable to the State of Indiana. Check the appropriate bond amount if applicable:

☐ Brewer (\$10,000)

☐ Distiller (\$10,000)

☐ Liquor Wholesaler (\$10,000)

☐ Rectifier (\$15,000)

☐ Vintner (excludes farm winery) (\$1,000)

STEP 6. MANAGER'S QUESTIONNAIRE

Name of manager <i>(last, first, middle initial)</i>				Social Security Number		
ATC Employee permit number	Expiration date	Age	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth	Height	Weight
Home address <i>(number and street)</i>						
City, state, zip						
Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Are you at least twenty-one (21) years old? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Is it true that you are not an officer or employee of a person engaged in the alcoholic beverage traffic, which person is a non-resident of this state, or is engaged in carrying on any phase of manufacture of, traffic in, or transportation of alcoholic beverages without a permit when one is required? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Are you a State law enforcement officer, or a non-elected officer of a municipal corporation or government subdivision charged with any duty or function in the enforcement of Alcoholic Beverage Laws? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Has your alcoholic beverage permit been revoked within one year prior to the date of this application for a permit? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Have you made an application for a permit of any type which has been denied less than one year prior to this application for a permit? <i>(Unless the application was denied by a reason of a procedural or technical defect.)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No						
Are you now, and have you been for the last five years a continuous and bona fide resident of the State of Indiana? If no, does the permit premise you are managing have a minimum annual gross food sales of at least \$100,000? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Do you hold any other permit of any kind for the sale of alcoholic beverages in Indiana, or do you have any interest in any such permit, directly or indirectly, through ownership of stock or otherwise? If yes, explain below: <input type="checkbox"/> Yes <input type="checkbox"/> No						
Have you been convicted of a felony? If yes, attach places and dates of arrest, court of record, and conviction and attach relevant court record. <input type="checkbox"/> Yes <input type="checkbox"/> No						
Have you been convicted of a violation of the Indiana Alcoholic Beverage Laws, rules, regulations, or orders of the Commission? If yes, explain on a separate attachment. <input type="checkbox"/> Yes <input type="checkbox"/> No						
Signatures of manager or agent(s) referred to in this schedule						

STEP 7. FLOOR PLAN

INSTRUCTIONS:

Applicant must submit four (4) drawings on letter size paper (8 1/2" x 11"). These drawings must show dimensions and identifications of any existing family room(s), seating arrangement(s), ballroom(s), service bar(s), dance floor area(s), kitchen area(s), restrooms, storage and office areas, exits, and alcoholic beverage display areas for all types of permits. Please sign and date each drawing.

☐ Yes ☐ No If a restaurant or a restaurant located in a hotel or motel, will anyone under the age of 21 be guests to the permit premise?
If the answer to the above question is "yes," it should be understood that there must be COMPLETE SEPARATION of the barroom from the room or rooms where individuals under the age of 21 will be present.

☐ Yes ☐ No Are you requesting approval for limited separation?

NOTE:

ALL DRAWINGS MUST BE APPROVED BY THE COMMISSION BEFORE THE PERMIT IS ISSUED. WE RECOMMEND YOU RECEIVE APPROVAL BEFORE CONSTRUCTION BEGINS. CONTACT YOUR LOCAL EXCISE DISTRICT OFFICE.

(Please attach all drawings to this application)

STEP 8. AFFIRMATION OF APPLICANTName of applicant *(individual, corporation, partnership, LLC, LLP)*

I certify that this application was completed by myself or by the preparer identified herein. I certify that all information provided herein and on any attachments are true and correct. **I UNDERSTAND THAT IT IS A FELONY TO MISREPRESENT OR FALSIFY ANY PORTION OF THIS APPLICATION OR ATTACHED DOCUMENTS.**

I hereby consent for the duration of the permit term to inspection and search by an enforcement officer, without a warrant or other process, of my licensed premise and vehicles to determine compliance with the provisions of I.C. 7.1.

Printed name and title of applicant

Signature

Date

NOTE: The applicant *MUST* sign this application unless the proper Power of Attorney forms are attached to this application.

STEP 9. SIGNATURE OF PREPARER (IF APPLICABLE)

I certify that I have examined this application and the accompanying documents, and to the best of my knowledge and belief, they are true, correct, and complete.

Signature of preparer

Telephone number *(including area code)*

Date

STEP 10. FEES

Please remit business, certified checks, or money order - application will not be processed without payment

MAIL TO:

Sunday Sales = \$250 with annual food sales compliance (\$1,500 all other applications)
One-way (beer only) = \$250
Two-way (beer & wine only) = \$500
Three-way (beer, wine, & liquor) = \$750 Except Fraternal clubs = \$250
Transfer of Permit= \$250 Each transfer type
Catering= \$150

INDIANA ALCOHOL & TOBACCO COMMISSION
 302 W. Washington Street, Room E114
 Indianapolis, IN 46204
 (317) 232-2430

Contact the ATC if you have any questions.

<http://www.state.in.us/atc>